

**CALIFORNIA OIL RECYCLING ENHANCEMENT PROGRAM REGISTRATION APPLICATION**

CIWMB 30 (Rev. 7/96)

**INSTRUCTIONS**

Print in ink or type. Submit a separate form for each applicant type. Indicate N/A for any items which are not applicable.

**I. APPLICANT TYPE (Check One)**☐ Industrial Generator☐ Curbside Collection Program☐ Electric Utility**II. APPLICATION TYPE (Check One)**☐ Initial Application☐ Change in Registration

CIWMB Identification Number

(To be completed by CIWMB if for initial registration)

Are you planning to register more than one used oil collection location? ☐ YES or ☐ NO  
IF YES:

1. How many used oil collection centers (of the same type only) do you intend to register with this application? \_\_\_\_\_

2. Please indicate, on the enclosed Multiple Registration form (CIWMB 34), for each additional location not identified on this application, the facility name, street address, county, phone number and, if applicable, the Hazardous Waste Generator Identification Number.

**III. OPERATOR INFORMATION**

Applicant Name (for industrial generator or electric utility, insert business name. For curbside collection program, insert operator name).

Street Address (location of oil collection center)

City

State

Zip

Mailing Address (or headquarters address if different than applicant's street address)

City

State

Zip

Contact Person's Name

Contact Person's Phone Number

( )

Federal Identification Number (Employer ID # or SSAN)

Hazardous Waste Generator (EPA) Identification Number (if applicable)

**ORGANIZATION TYPE (Check One)****A. For Profit:**☐ Individual (Attach fictitious business name statement if applicable)☐ Partnership (Attach a copy of current partnership agreement)☐ Corporation (Supply corporate number as filed with the Secretary of State)☐ Husband and Wife co-ownership (Supply both spouse's names)**B. Non Profit:** Attach copy of a letter from the Federal Internal Revenue Service and the State of California Franchise Tax Board confirming tax exempt status, and corporate identification number or authorizing resolution (if applicable).☐ Church☐ School☐ Youth Group☐ Corporation☐ Senior Citizen Group☐ Other (Explain \_\_\_\_\_)**C.** ☐ Local Government Agency (Attach a copy of authorizing letter or resolution from the governing body)**D.** ☐ Other (Federal agency, public school district, etc.) \_\_\_\_\_**CHECK YES OR NO AFTER EACH QUESTION.**

Were you or this program previously registered by the California Integrated Waste Management Board? If yes, what was your CIWMB Identification Number? \_\_\_\_\_

☐ YES☐ NO

Do you or this program have other applications for certification or registration pending with the California Integrated Waste Management Board?

☐ YES☐ NO

Have you or this program ever been denied registration by the California Integrated Waste Management Board? If yes, when? \_\_\_\_\_

☐ YES☐ NO**IV. APPLICANT INFORMATION**

Do you, the applicant, own or operate a used oil hauler business?

☐ YES☐ NO

Do you, the applicant, own or operate a used oil recycling facility?

☐ YES☐ NO

CIWMB 30 (Cont'd)

**INDUSTRIAL GENERATORS ONLY:**

Describe the type of business conducted:

Describe the physical location of the facility in relation to the nearest cross street:

**ELECTRIC UTILITIES ONLY:**

Describe the physical location of the facility in relation to the nearest cross street:

**CURBSIDE COLLECTION PROGRAMS ONLY:**

What days of the week does your collection program operate?

What is the collection service area?

If you are a contract operator, who are you contracted with?

If you are a Local Government, who is your operator?

What other recyclable materials do you collect as part of your program (e.g. aluminum, glass)?

V. DECLARATION AND SIGNATURES

IF APPLICANT IS:

A partnership, the application must be signed by a partner, with authority to bind the partnership to a contract.

A firm, association, corporation, county, city, public agency or other governmental entity, the application must be signed by the Chief Executive Officer or the individual with authority to legally bind the entity to a contract.

A husband and wife co-ownership, the application must be signed by both the husband and the wife.

*I certify, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge, and I agree to operate in compliance with the requirements of the California Oil Recycling Enhancement Act, and with all related regulatory provisions.*

Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed
Applicant's Signature		Printed Name	
Executed at: City	County	State	Date Signed

Any questions, please call: (916) 341-6457

Resubmit Date\_\_\_\_\_